

UTILITY PATENT APPLICATION TRANSMITTAL				Attorney Docket No.		LUD-5752	
First Inventor or Application Identifier				Jean-Christophe RENAULD et al			
Title				ISOLATED CYTOKINE RECEPTOR LICR-2			
Express Mail Label No.				EL649538255US			
APPLICATION ELEMENTS				ADDRESS TO Assistant Commissioner for Patents Box Patent Application Washington, DC 20231			
See MPEP chapter 600 concerning utility patent application contents.							
1.	<input checked="" type="checkbox"/>	*Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		6.	<input type="checkbox"/>	Microfiche Computer Program (Appendix)	
2.	<input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below)	Total Pages 34	7.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
		- Descriptive title of the Invention		a.	<input type="checkbox"/>	Computer Readable Copy	
		- Cross References to Related Applications		b.	<input checked="" type="checkbox"/>	Paper Copy (identical to computer copy)	
		- Reference of Microfiche Appendix		c.	<input type="checkbox"/>	Statement verifying identity of above copies	
		- Background of the Invention		ACCOMPANYING APPLICATION PARTS			
		- Brief Summary of the Invention		8.	<input type="checkbox"/>	Assignment Papers (cover sheet & document(s))	
		- Brief Description of the Drawings (if filed)		9.	<input type="checkbox"/>	37 C.F.R. §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
		- Detailed Description		10.	<input type="checkbox"/>	English Translation Document (if applicable)	
		- Claim(s)		11.	<input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
		- Abstract of the Disclosure		12.	<input type="checkbox"/>	Preliminary Amendment	
3.	<input type="checkbox"/>	Drawing(s) (35 U.S.C. 113)	Total Sheets	13.	<input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
				14.	<input type="checkbox"/>	*Small Entity Statement(s)	<input type="checkbox"/> Statement filed in prior application, Status is proper and desired
4.	<input checked="" type="checkbox"/>	Oath or Declaration	Total Pages 3	15.	<input type="checkbox"/>	Certified Copy of Priority Document(s)	
	a.	<input checked="" type="checkbox"/> Newly executed (original or copy)		16.	<input checked="" type="checkbox"/>	Other: Check For Filing Fee	
	b.	<input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed)					
	i.	<input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b)					

JC962 U.S. PTO

Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)

1040 U.S. PTO
10/026106
12/21/01

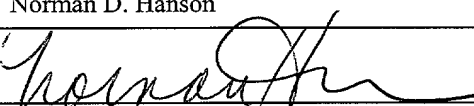
	<i>Complete if Known</i>	
	Application Number	To be assigned
FEE TRANSMITTAL	Filing Date	Herewith
	First Named Inventor	Jean-Christophe RENAULD
	Group Art Unit	To be assigned
	Examiner Name	To be assigned
	Attorney Docket No.	LUD-5752

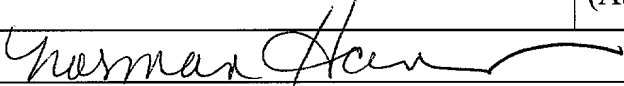
FEE CALCULATION

(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$370.00
TOTAL CLAIMS	37- 20 =	17	x 9.00	\$153.00
INDEPENDENT CLAIMS	4- 3 =	1	x 42.00	\$ 42.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$260/130.00	□□□□
			TOTAL FEES	\$565.00

METHOD OF PAYMENT

- ☐ Please charge Deposit Account No. 50-0624 in the amount of \$_____
- ☒ A check for \$565.00 is enclosed to cover the cost of the Application filing fee.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Deposit Account No. 50-0624
	Date: December 21, 2001	

				* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)			
5.	<input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.						
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:							
<input type="checkbox"/>	Continuation	<input type="checkbox"/>	Divisional	<input type="checkbox"/>	Continuation-in-part (CIP)	of prior application No:	
Prior application information:			Examiner:	Group / Art Unit:			
18. CORRESPONDENCE ADDRESS							
<input type="checkbox"/>	Customer Number or bar code label		24972		or	<input checked="" type="checkbox"/>	Correspondence address below
			(Insert Customer No. or Attach bar code label here)				
Name	Fulbright & Jaworski LLP						
Address	666 Fifth Avenue						
City	New York		State	New York		ZIP Code	10103
Country	USA		Telephone	212-318-3000		Fax	212-318-3400
Name (Print/Type)	Norman D. Hanson				Registration No. (Attorney/Agent)		30,946
Signature						Date	December 21, 2001